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Advanced Audiology & Hearing Aid Center
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Patient Name:_____ **Date**: 10/15/2009

1. Chief complaint: Hearing Loss (Right ear/ Left ear/ Both) Tinnitus/Ringing Dizziness
Difficulty hearing (in Quiet in Noise) Telephone (Right ear Left ear)

2. How long have you noticed this difficulty? _____

3. Do you think your hearing is changing? Yes No (Gradual Sudden)

5. Have you ever been exposed to loud noise, either recently or in the past? Yes No
If so, please mark all that apply:
Farm Machinery Music Hunting/Shooting Factory Noise
Power Tools Military Jet Engines Other:

6. Do you have any of the following symptoms? Deformity of the ear Drainage of the ear Sudden or rapid loss within the past 90 days Acute or chronic dizziness/Imbalance Tinnitus(ringing) Ear pain

7. Have you ever had your hearing tested? Yes No If so, when was your last test? _____

8. Have you seen an Ear, Nose and Throat Physician? Yes No
If so, who did you see? _____ When? _____

9. Have you ever had surgery that may have affected your hearing? Yes No Type? _____

10. Who is your primary physician? _____

11. Would you like us to fax a copy of the hearing evaluation to your primary physician? Yes No

12. Is there a history of hearing loss in your family? Yes No If so, who? _____

13. Have you ever had an ear infection? Yes No (If yes, as a child as an adult)

14. Do you take any prescription medications on a regular basis? Please list:
Medication: _____ For: _____
Medication: _____ For: _____
Medication: _____ For: _____

15. Please check any of the following that you currently have or have had in the past:

Arthritis	Heart Trouble	Measles	Parkinson's
Asthma	Hepatitis	Meningitis	Scarlet Fever
Bell's Palsy	High Blood Pressure	Mumps	Sinusitis
Diabetes	HIV	Neurological	Stroke/TIA
Head Injury	Malaria	Symptoms	Visual Trouble-Loss/Sight

16. Please rank the following in order of importance (1-4), if a hearing aid is recommended for you:
____ Improved hearing in quiet ____ Improved hearing in noise
____ Cosmetic appearance ____ Expense

17. If you are currently using a hearing aid, or have in the past, please answer the following:
Which ear is/was aided? Right Left Both
How long have you used a hearing aid? _____